

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1259-0239P
Application No. 10/690,616-Conf. #5917	Filing Date October 23, 2003	Examiner G. V. Selby	Art Unit 2622	
Applicant(s): Masanori YOSHIDA				
Invention: DIGITAL CAMERA HAVING CIRCUITRY SHORTENING PROCESSING TIME TO CORRECT DISTORTION				
<b>MS Amendment</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	6	- 20 =	0	x 50.00 0.00
Independent Claims	2	- 3 =	0	x 210.00 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month 120.00				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 120.00				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 120.00 . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: December 13, 2007				
 Michael R. Cammarata Attorney Reg. No.: 39,491				
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000				

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<b>Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEES TRANSMITTAL For FY 2008</b>		Application Number	10/690,616-Conf. #5917
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 23, 2003
		First Named Inventor	Masanori YOSHIDA
		Examiner Name	G. V. Selby
		Art Unit	2622
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		Attorney Docket No. 1259-0239P	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	50	Small Entity Fee (\$)	25
Each independent claim over 3 (including Reissues)		210		105
Multiple dependent claims		370		185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 20 = 0	x 50.00	= 0.00
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 = 0	x 210.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

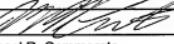
**Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 = 0	/50 = (round up to a whole number) x	=	

**Fee Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 1251 Extension for response within first month			120.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata	Date	December 13, 2007		